

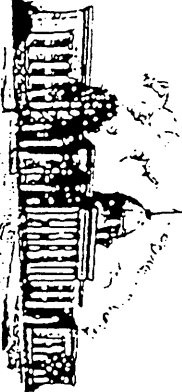
B

DUPLICATE

BURIAL POLICY

SERVICE INSURANCE COMPANY
of Alabama

BIRMINGHAM, ALA.



PREMIUMS PAYABLE FOR
15 YEARS

READ YOUR POLICY

AUTHORIZED UNDERTAKER

F-0-55.

SCHEDULE

DUPLICATE

NAME OF INSURED		BENEFICIARY				TYPE POLICY			
WILLIAMS FANNIE		VOID - SEE ENDORSEMENT WILLIAMS CURTIS T.				F			
F	2341927	4	5	65	38	\$.28 WK	\$300.00	36	20 27
POLICY NUMBER		MO. DAY YR. DATE OF ISSUE		AGE*	(CENTS) WEEKLY PREMIUM	RETAIL VALUE (ADULTS)		DIST.	DEBIT

*INSURED'S AGE NEXT BIRTHDAY

F-6-55

LIBERTY NATIONAL LIFE INSURANCE COMPANY												
BIRMINGHAM, ALABAMA												
PAID-UP POLICY CERTIFICATE												
DATE 3/17/01												
NAME OF INSURED	TYPE	POLICY NO.	ISSUE DATE		DATE PAID TO	PAID DATE						
MCCUNNELL FANNIE W	F	2341927	MO.	DAY	YR.	NO.	DAY	YR.	MO.	DAY	YR.	
			4	5	65	36	37	38	28	3	17	01
			DATE PAID	NO.	DATE PAID							
			36	37	38							
			28									
			3	17	01							
			3	17	01							

Ms. Fannie McDonnell
General Delivery
Collinsville, AL 35961

THIS CERTIFICATE SHOULD BE
ATTACHED TO THE POLICY
IT DESCRIBES.

SEE REVERSE SIDE.

OVERPAYMENT OF PREMIUM

12 34 56 78 90 12 34 56 78 90

THIS IS TO CERTIFY THAT THE POLICY DESCRIBED
ABOVE IS NOW PAID-UP FOR LIFE AND NO MORE
PREMIUMS WILL BE DUE.

LIBERTY NATIONAL LIFE INSURANCE CO.

Robert H. Howells
SECRETARY

C



SCHEDULE

NAME OF INSURED		BENEFICIARY		PREMIUMS PAYABLE	TYPE
WILLIAMS SPENCER		WILLIAMS SPENCER		WK	330
14758551	11 24 69	42	036	\$300	212 36
POLICY NUMBER	MO. DAY YR. DATE OF ISSUE	AGE LAST BIRTHDAY AT DATE OF ISSUE	(CENTS) WEEKLY PREMIUM	RETAIL VALUE*	DISTRICT AGENCY
					15 37

*For death prior to age ten, the retail value is a reduced amount providing comparable benefits.

330-7-67-5300

3718

796

6392 935 952 1

52:60 6661-30-030

REGISTER OF CHANGE OF BENEFICIARY

NOTE—NO CHANGE, DESIGNATION OR DECLARATION, SHALL TAKE EFFECT UNTIL ENDORSED ON THIS POLICY BY THE COMPANY AT ITS HOME OFFICE.

DATE ENDORSED	BENEFICIARY	ENDORSED BY
The company endorsement shall be effect only if the policy is in force as of DATE <u>7-3-78</u>		
NAME OF INSURED CHANGED TO <u>Fannie W. McLaughlin</u>		
LIBERTY NATIONAL LIFE INSURANCE CO.		
by <u>P. A. American</u> SECRETARY		
Approved by <u>W. H. Benton</u>		

Service Insurance Company of Alabama, Division of Liberty National Life Insurance Company, having discharged each and every obligation and liability set forth and stipulated herein, the undersigned beneficiary under this policy hereby surrenders the said policy and certifies that there is held against the said company no further claims hereunder.

WITNESS

BENEFICIARY

Dated at _____ this _____ day of _____, 19____

LIBERTY NATIONAL LIFE INSURANCE COMPANY
BIRMINGHAM, ALABAMA

PAID-UP POLICY CERTIFICATE

NAME OF INSURED	TYPE	POLICY NO.	ISSUE DATE		DISTRICT	AGE AT ISSUE	PREMIUM	DATE PAID TO	
			MO.	DAY				MO.	DAY
MCCONNELL FANNIE W.	330	14750551	11	24	36	42	36	11	9

NETS FOR CLOSURE

OVERPAYMENT OF PREMIUM

THIS IS TO CERTIFY THAT THE POLICY ABOVE IS NOW PAID-UP FOR LIFE. PREMIUMS WILL BE DUE.

LIBERTY NATIONAL LIFE INSURANCE COMPANY

Fannie McConnell
P. O. Box 208
Collinsville, AL. 35961

THIS CERTIFICATE SHOULD BE ATTACHED TO THE POLICY IT DESCRIBES.

SEE REVERSE SIDE

7-3 ED. 10-47

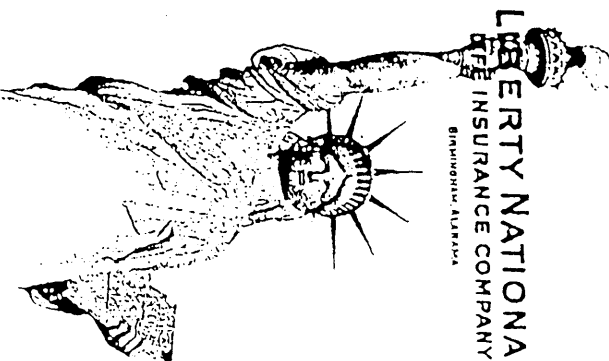
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DEC-09 1999 WED 09:09 AM WATSON, FEES, & JIMMERSON

EX NO. 1 258 538 2889

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LIBERTY NATIONAL
LIFE INSURANCE COMPANY
BIRMINGHAM, ALABAMA



ACCIDENT POLICY

BENEFIT FOR DEATH BY ACCIDENTAL MEANS
BENEFIT FOR LOSS OF EYESIGHT OR LIMB
BENEFIT FOR DEATH BY TRAVEL ACCIDENT
PREMIUM PAYABLE UNTIL POLICY
ANNIVERSARY IMMEDIATELY PRECEDING
INSURED'S 70TH BIRTHDAY

THIS POLICY IS NONCANCELLABLE AND
GUARANTEED RENEWABLE UNTIL THE
POLICY ANNIVERSARY IMMEDIATELY
PRECEDING INSURED'S 70TH
BIRTHDAY

NONPARTICIPATING INDUSTRIAL POLICY

587-4-07

POLICY NUMBER		NAME OF INSURED		BENEFICIARY		DATE	
15153077		WILLIAM MOOREMENT		WILLIAMS MITCHELL		597/897	
6	29	1970	42	5.12	WEEKLY	5	15
Month Day Year		AGE		PREMIUM		Month Day Year	
DATE OF ISSUE				AMOUNT OF INSURANCE		LAST PREMIUM PAYABLE	
* Amount of insurance benefits shown on page one.							

36-37

The following endorsement shall take effect
only if the policy is in force as of

DATE 7-3-78

NAME OF INSURED CHANGED TO

Frankie W. McLoane, II
LIBERTY NATIONAL LIFE INSURANCE CO.

by J. L. Burleson

SECRETARY

Approved by W. H. B. [Signature]

52
12
104
52
12/624 (52 per month)
60
24

ACCIDENT POLICY**LIBERTY NATIONAL
LIFE INSURANCE COMPANY**

BIRMINGHAM, ALABAMA

INSURANCE BENEFITS—We, Liberty National Life Insurance Company, enter into this agreement with you, the insured named in the schedule on Page 4. Beginning with the date of issue shown in the schedule we insure you for the amounts shown in the table below if premiums are paid as provided under "Premiums." Terms used in the table are defined in the following paragraphs.

TABLE OF INSURANCE BENEFITS			
BENEFIT FOR	BENEFIT PAYABLE		
	First Policy Year	From Second Policy Year Until Policy Anniversary Preceding 65th Birthday	Thereafter Until Policy Anniversary Preceding 70th Birthday
Accidental Death.....	\$1,000	\$2,000	\$1,000
Death by Travel Accident.....	3,000	6,000	3,000
Loss of Eyesight.....	2,500	5,000	2,500
Loss of One Limb.....	1,000	2,000	1,000
Loss of Two or More Limbs.....	2,500	5,000	2,500

On the anniversary of the date of issue immediately preceding your 70th birthday this policy will terminate and cease to be in force.

ACCIDENTAL DEATH—Accidental death means death which is caused solely and directly by accidental injury and occurs within 90 days of such injury. Accidental injury means bodily injury effected solely through external and accidental means. No benefit for accidental death will be payable if death results directly or indirectly from any disease, illness, or infirmity or medical or surgical treatment therefor or from any of the "Exclusions from Coverage" listed below or if a benefit is payable under the provisions relating to "Death by Travel Accident" or "Loss of Eyesight or Limb."

DEATH BY TRAVEL ACCIDENT—Death by travel accident means death for which the accidental death benefit would otherwise be payable but which results from injuries sustained while you are a fare-paying passenger in a streetcar, bus, taxicab, train, airplane, steamship, or other vehicle operated as a public conveyance by a licensed common carrier for the transportation of passengers, or while you are a passenger in a school bus which is being operated during the regular session of a recognized public or private school for the transportation of students to or from school or to or from any organized school extracurricular activity.

LOSS OF EYESIGHT OR LIMB—Loss of eyesight means the total and irrecoverable loss of the entire sight of both eyes. Loss of a limb means the loss of a hand or foot by severance. Any loss must be caused solely by disease or injuries sustained after the date of issue and you must survive the loss by at least 30 days. The maximum cumulative benefit payable under this provision is \$5,000.

The payment of any benefit under this provision shall terminate this Policy.

EXCLUSIONS FROM COVERAGE—This policy does not provide a benefit for any loss caused or contributed to by:

- (1) suicide while sane, or self-destruction or any attempt thereat while insane, or injuries intentionally inflicted upon yourself, whether sane or insane,
- (2) injuries intentionally inflicted upon you by any person unless such person was in the course of committing a robbery or burglary or an attempt thereat,
- (3) participating in an assault or felony,
- (4) operating or riding in or descending from any kind of aircraft of which you were the pilot, officer, or member of the crew, or in which you were giving or receiving training or instruction or had any duties,
- (5) war or act of war (including insurrection, undeclared war, and armed aggression or its resistance), whether or not you are in military service of any country or international organization.

Benefit for Death by Accidental Means

Benefit for Death by Travel Accident

Benefit for Loss of Eyesight or Limb

Premiums Payable Until Policy Anniversary Immediately Preceding Insured's 70th Birthday

This Policy Is Noncancellable and Guaranteed Renewable Until the Policy Anniversary Immediately Preceding Insured's 70th Birthday

DEC-04 '99 WED 09:10 AM WATSON, FEES, & JIMMERSON

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PREMIUMS—The consideration for this policy is the payment of the premiums when they are due, and no insurance will become effective until the first premium has been paid. Premiums under this policy are payable either weekly or monthly as specified in the schedule on page 4 in the amount shown in the schedule. If premiums are payable weekly, they are due each Monday beginning with the date of issue; if payable monthly, they are due on the first of each month beginning with the date of issue. Premiums are payable until the policy anniversary immediately preceding the insured's 70th birthday. Premiums must be paid to one of our agents or to the cashier at one of our offices. If our agent does not call for any premium when it is due, payment of the premium is not excused, and in such case it is your responsibility to see that the payment is made at one of our offices.

POLICY CONTROL—If you are over 16 years of age, you have the entire ownership and control of this policy. If you are less than 16 years of age, the ownership and control of this policy will be vested in the beneficiary named herein from time to time until you reach your 16th birthday. In such case, if the beneficiary should die or cease to have custody and control of you, then ownership and control of this policy will be vested in the parent or legal guardian or other adult having custody and control of you. The ownership and control of this policy includes the right to change the beneficiary and to exercise all other privileges granted in this policy.

ENTIRE CONTRACT—This policy, including any endorsements and attached papers, is the entire contract between us. None of its provisions may be waived or changed except by written endorsement on this policy or on paper attached to this policy signed by the President, a Vice-President, the Secretary, an Assistant Vice-President, or an Assistant Secretary of the Company. No agent has authority to change this policy or to waive any of its provisions.

INCONTESTABILITY—After this policy has been in force for a period of two years during the lifetime of the insured, it shall become incontestable as to the statements contained in the application. No claim for loss incurred commencing after two years from the date of issue of this policy shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss had existed prior to the effective date of coverage under this policy.

GRACE PERIOD—A grace period of 4 weeks (or 31 days if premiums payable monthly) will be granted for the payment of each premium falling due after the first premium during which period this policy shall continue in force.

REINSTATEMENT—If any renewal premium is not paid within the time granted to you for paying the same, a subsequent acceptance of all premiums due and unpaid for a period not exceeding 8 weeks prior thereto by us or by any agent duly authorized by us to accept such premiums, shall reinstate this policy; provided, however, that if such agent requires, or if we require an application for reinstatement and a conditional receipt for the premium tendered is issued by us or by our agent, this policy will be reinstated upon our approval of such application, or, upon the forty-fifth day following the date of such conditional receipt unless we have previously notified you in writing of our disapproval of such application. The reinstated policy shall cover only death or other loss covered by this policy resulting from such accidental injury as may be sustained after the date of reinstatement and loss due to such diseases which may begin more than 10 days after such date. In all other respects, you and we shall have the same rights as provided under this policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with the reinstatement.

NOTICE OF LOSS—Written notice of loss must be given to us within thirty days after your accidental death or other loss covered by this policy; or as soon thereafter as is reasonably possible. Notice given to us by you or on your behalf or on behalf of the beneficiary at our Home Office in Birmingham, Alabama, or to one of our authorized agents, with information sufficient to identify you, shall be notice to us.

CLAIM FORMS—Upon receipt of notice of loss we will furnish to the claimant such forms as are usually furnished for filing claims. If such forms are not furnished within fifteen days after giving such notice, the claimant shall be deemed to have complied with the requirements of this policy as to proof of loss upon submitting, within the time fixed in this policy for filing proofs of loss, written proof covering the occurrence, and the character of the death or loss for which claim is made.

PROOF OF LOSS—In the event of accidental death or death by travel accident written proof of loss must be furnished to us at our Home Office within 90 days after the date of such loss. In the event of loss of eyesight or limb written proof of loss must be furnished to us at our Home Office within one year after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to furnish proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

PAYMENT OF INSURANCE BENEFITS—As soon as we receive due proof of loss covered by this policy we will immediately pay the benefit provided. Any benefit for loss of life will be paid to the beneficiary designated in this policy at the time of payment. If no such designation is then effective, or if the beneficiary does not survive you, such benefit will be paid to your estate. Any other accrued benefit unpaid at your death, may, at the option of the Company, be paid either to the beneficiary or to your estate. All other benefits provided by this policy will be paid to you.

PHYSICAL EXAMINATIONS—We shall have the right and opportunity, at our own expense, to examine your person when and as often as we may reasonably require during the pendency of a claim hereunder.

LEGAL ACTION—No action at law or in equity shall be brought to recover on this policy prior to the expiration of sixty days after written proof of loss required by this policy has been furnished. No such action shall be brought after the expiration of four years from the time written proof of loss is required to be furnished.

BENEFICIARY—The original beneficiary of this policy is named in the schedule on Page 4. You may change the beneficiary at any time by giving us written notice of the desired change and evidence satisfactory to us that the proposed beneficiary has an insurable interest in your life. No change of beneficiary will be effective until we have endorsed it on this policy.

AGE LIMIT—The insurance granted hereunder shall not cover any person over sixty years of age on the date of issue of this policy, unless we accept premiums with the knowledge that the person is over sixty years of age.

MISSTATEMENT OF AGE—Where there is a misstatement of your age as shown in the schedule on Page 4, the coverage provided by this policy shall not become effective if, according to your correct age, you were over 60 years of age on the date of issue. This policy shall terminate on the anniversary of the date of issue immediately preceding your 70th birthday. In the event your age has been misstated and if, according to your correct age, the coverage provided by this policy would not have become effective, or would have ceased prior to the acceptance of such premium or premiums, then the liability of the Company shall be limited to the refund, upon request, of all premiums paid for the period not covered by this policy.


If your age has been misstated, but if according to your correct age on the date of issue the coverage provided by this policy would have become effective, all amounts payable under this policy shall be such as the premium paid would have purchased at the correct age.

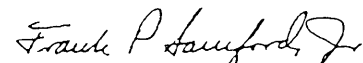
OPTION TO SURRENDER—If the provisions of this policy are not satisfactory, you may surrender it to us for cancellation within two weeks from the date of issue. If this is done, we will refund all premiums which have been paid on this policy.

ASSIGNMENT—You may not assign this policy or any of its benefits.

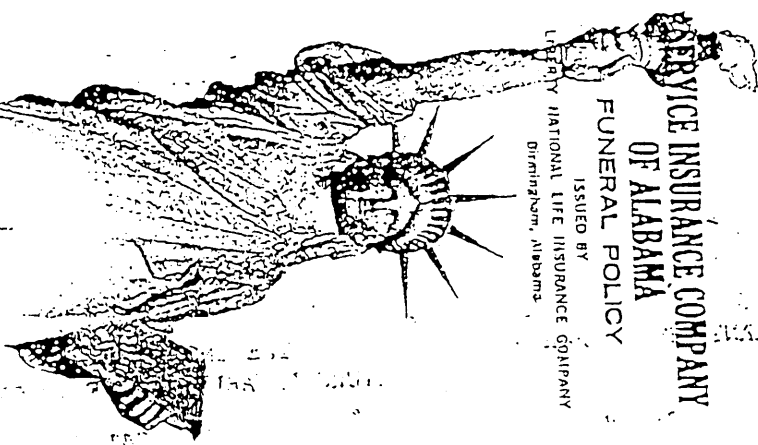
CONFORMITY WITH STATE STATUTES—Any provision of this policy which, on its date of issue, is in conflict with the statutes of the state in which you reside on such date is hereby amended to conform to the minimum requirements of such statutes.

Signed at Birmingham, Alabama by the President and Secretary of Liberty National Life Insurance Company as of the date of issue shown in the schedule on Page 4.


J. P. Burleson
SECRETARY


Frank P. Sanford
PRESIDENT

E

	
SERVICE INSURANCE COMPANY OF ALABAMA FUNERAL POLICY ISSUED BY LIBERTY NATIONAL LIFE INSURANCE COMPANY Birmingham, Alabama	FUNERAL POLICY WHOLE LIFE INSURANCE (BENEFIT GRADED FOR DEATH OF INSURED UNDER AGE 31 DAYS) PREMIUMS PAYABLE UNTIL POLICY ANNIVERSARY IMMEDIATELY PRECEDING INSURED'S 65TH BIRTHDAY ADDITIONAL BENEFIT FOR ACCIDENTAL DEATH ADDITIONAL BENEFIT FOR DEATH BY AUTOMOBILE ACCIDENT ADDITIONAL BENEFIT FOR DEATH BY TRAVEL ACCIDENT ADDITIONAL BENEFIT FOR LOSS OF EYESIGHT OR LIMB NONPARTICIPATING INDUSTRIAL POLICY

SCHEDULE				TYPE	
POLICY NUMBER	NAME OF INSURED	BENEFICIARY	32/82		
10-15-1992	MCCONNELL FANNIE	MCCONNELL JAMES			
10-15-1992	10-15-1992	10-15-1992	10-15-1992	10-15-1992	10-15-1992
DATE OF ISSUE	AGE	PREMIUM	AMOUNT OF FUNERAL BENEFIT	LAST PREMIUM PAYABLE	Month Day Year

If the named insured is under age 31 days at death, the Funeral Benefit will be one-half of the amount shown above.

FUNERAL SERVICE AGREEMENT

AUTHORIZED FUNERAL DIRECTOR—We have entered into agreements with various Funeral Directors for the furnishing of funeral merchandise and service in return for the Funeral Benefit payable under this policy. Such Funeral Directors are referred to herein as "Authorized Funeral Directors." Wherever the term "Authorized Funeral Director" is used, it means a Funeral Director under contract with the company and the names and addresses of all Authorized Funeral Directors.

LIBERTY NATIONAL LIFE INSURANCE COMPANY
BIRMINGHAM, ALABAMA

PAID-UP POLICY CERTIFICATE

DATE 4/6/92

NAME OF INSURED	TYPE	POLICY NO.	ISSUE DATE			DISTRICT	ASSIGN	AGE AT ISSUE	PREMIUM	DATE PAID TO			PAYOUT DATE		
			MO.	DAY	YR.					MO.	DAY	YR.	MO.	DAY	YR.
MCUNELL FANNIE W	32B	21460692	5	13	74	67	32	46	424	4	1	92	4	1	92

Fannie McConnell
P. O. Box 208
Collinsville, AL 35961

THIS CERTIFICATE SHOULD BE
ATTACHED TO THE POLICY
IT DESCRIBES

* SEE REVERSE SIDE *

THIS IS TO CERTIFY THAT THE POLICY DESCRIBED
ABOVE IS NOW PAID-UP FOR LIFE AND NO MORE
PREMIUMS WILL BE DUE.

LIBERTY NATIONAL LIFE INSURANCE CO.

William E. Barclay
SECRETARY



M-3 EA 12-85

F

DEC-08-1999 WED 09:13 AM WATSON, FEES, & JIMMERSON TAX NO. 1 256 536 2683

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DUPLICATE

BURIAL POLICY


SERVICE of Alabama
INSURANCE COMPANY

BIRMINGHAM, ALA.

PREMIUMS PAYABLE FOR
15 YEARS

READ YOUR POLICY

AUTHORIZED UNDERTAKER



DUPLICATE

SCHEDULE

NAME OF INSURED		BENEFICIARY			TYPE POLICY	
WILLIAMS SPENCER		WILLIAMS FANNIE K			F F	
2341929	4 5 65	17	\$.19 WK	\$300.00	36	20
POLICY NUMBER	MO. DAY YR. DATE OF ISSUE	AGE*	(CENTS) WEEKLY PREMIUM	RETAIL VALUE (ADULTS)	DIST.	DEBIT

*INSURED'S AGE NEXT BIRTHDAY

REGISTER OF CHANGE OF BENEFICIARY

—NO CHANGE, DESIGNATION OR DECLARATION, SHALL TAKE EFFECT UNTIL ENDORSED ON THIS POLICY BY THE COMPANY AT ITS HOME OFFICE.

DATE ENDORSED	BENEFICIARY	ENDORSED BY

Service Insurance Company of Alabama having discharged each and every obligation and liability set forth and stipulated herein, the undersigned beneficiary under this policy hereby surrenders the said policy and certifies that there is held against the said company no further claims hereunder.

WITNESS

BENEFICIARY

Dated at _____ this _____ day of _____, 19____

SERVICE INSURANCE COMPANY of Alabama

Will upon receipt of satisfactory proof of the death of the Insured and the surrender of this Policy provide, subject to the terms and conditions of this Policy, a funeral for the Insured of the retail value shown in the schedule.

CONSIDERATION—This Policy is issued in consideration of payment in advance of the weekly premium stated in the schedule on the fourth page of this Policy on or before each Monday in every year during the lifetime of the Insured until premiums shall have been paid for fifteen years, or until prior death of the Insured. Provided, however, that if the Insured is 66 years of age or over the Premium Paying Period shall be as follows:

Age at Date of Issue.

Age 66 through age 70.	Premiums Payable for 12 Years
Age 71 through age 75.	Premiums Payable for 10 Years
Age 76 through age 80.	Premiums Payable for 8 Years
Age 81 through age 85.	Premiums Payable for 6 Years
Age 86 and over.	Premiums Payable for 5 Years

The amount on which reserve is maintained and computed under this Policy is 40% of the retail value stated in this Policy or the average wholesale cost to the Company of the funeral supplies, benefits and services furnished if the same is greater than 40% of such retail value. Reserves shall be computed on the basis of the 1941 Standard Industrial Table of Mortality, Modified Preliminary Term, Illinois Standard, and interest at 3½% per annum.

ALTERATION AND WAIVERS—This Policy contains the entire agreement between the Company and the Insured. Its terms cannot be changed or its conditions varied, except by a written agreement, signed by the President or Secretary of the Company. No other person shall have the power to make or alter contracts, waive forfeitures, or receive premiums on policies in arrears more than four weeks, or to receipt for the same, and all such arrears given to an agent or employee shall be at the risk of those who pay them and shall not be credited upon the Policy, whether receipted or not, except as set forth in the "Reinstatement" provision herein.

CONDITIONS AND PROVISIONS—This Policy is issued and accepted subject to all of the terms, conditions, provisions, schedules, registers and endorsements printed or written by the Company on this or the succeeding pages hereof, which are a part of this Policy as fully as if recited over the signatures hereto affixed.

PREMIUMS PAYABLE OTHER THAN WEEKLY—The premium stated in the schedule of this Policy is a Weekly Premium. However, if an Annual Premium (52 weeks) is paid in advance at one time, such Annual Premium shall be calculated by multiplying the stated Weekly Premium by 46.8. If a Semi-Annual Premium (26 weeks) is paid in advance at one time, such Semi-Annual Premium shall be calculated by multiplying the Weekly Premium stated by 24.7.

PREMIUM PAYING PERIOD—The premium paying period shall begin with the date of issue and continue until premiums shall have been paid for the period stated in the above paragraph headed "Consideration."

EFFECTIVE DATE—This Policy shall take effect on its date of issue, provided the Insured is then alive and in sound health, but not otherwise.

GRACE PERIOD—A grace period of four weeks shall be granted for the payment of every premium after the first during which time this Policy will remain in force subject to the terms hereof, but after the expiration of the said period of grace the Company's liability under this Policy shall cease except as to the Non-Forfeiture privileges herein contained.

REINSTATEMENT—If this Policy shall lapse for non-payment of premium, it may be reinstated upon written application of the Insured accompanied by this Policy within one year from the date to which premiums have been duly paid, upon payment of all arrears, provided evidence of insurability of the Insured, satisfactory to the Company, be furnished, and such reinstatement shall not be effective until the date on which approval thereof is endorsed by the Company on this Policy and unless the Insured is then alive and in sound health.

IN WITNESS WHEREOF, The Company has caused this Policy to be executed by its President and Secretary at its Home Office in Birmingham, Alabama, as of the date of issue appearing in the schedule on page four hereof.



J. L. Burleson
SECRETARY

[Signature]
PRESIDENT

BURIAL POLICY.
PREMIUMS PAYABLE 15 YEARS.

WHEREVER IN THIS POLICY THE WORDS "RETAIL VALUE" ARE USED REFERENCE IS THEREBY MADE TO THE RETAIL PRICES OF THE COMPANY'S AUTHORIZED FUNERAL DIRECTORS

(1) The Company has contracted with and thereby appointed as an authorized funeral director the funeral director designated in this Policy and the Insured by the acceptance of this Policy confirms such appointment. Wherever the phrase "authorized funeral director" is used, it means a funeral director then under contract with this Company to furnish the merchandise and service at the time of the Insured's death.

(2) The provisions of this Policy relating to the providing of funeral merchandise and the rendering of funeral services are to be fulfilled by the Company through an authorized funeral director only and are not to be construed as implying that such funeral merchandise and funeral service will be furnished by anyone except an authorized funeral director.

(3) The authorized funeral director has contracted to keep on display at all times the funeral merchandise stipulated in and provided by this Policy and the selection of same may be made by the Insured hereunder, the beneficiary or by any other person having the authority.

(4) BENEFITS WHERE DEATH OCCURS WITHIN THIRTY-FIVE MILES OF AN AUTHORIZED FUNERAL DIRECTOR.

If death occurs within thirty-five miles of an authorized funeral director the Company will through the facilities and in the manner referred to above, provide a funeral for the Insured of the retail value stipulated herein consisting of a casket, merchandise, and services as follows:

- (A) If the Insured is twelve years of age or older at death, a funeral of the retail value of \$900, and if the insured is under the age of twelve years at death, a funeral of the retail value proportionate to the age of the deceased insured;
- (B) A place where funeral, memorial, or other services may be held and such assistance as is proper in conducting the funeral; such services to be conducted either at the church, funeral parlor, home of the deceased, or other place designated by the beneficiary or other person having the authority;
- (C) Embalming of body, suit or dress, use of one family car, and hearse service for the body to the cemetery, if desired, provided burial is within thirty-five (35) miles of place of death, or, if burial is not desired within the said thirty-five (35) miles the Company will convey the body to the depot and pay actual railway transportation thereon to any point within the United States;
- (D) In the event the body is shipped to a point served by an authorized funeral director the Company will through such authorized funeral director furnish hearse service for a distance not to exceed thirty-five (35) miles from such point.

If the services of the authorized funeral director are not used, then the sole liability of the Company is limited to furnishing through its authorized funeral director of the casket stipulated above in this Paragraph No. (4).

The Company will through the facilities and in the manner referred to above provide for a stillborn child, or a child under the age of four weeks, who dies within thirty-five (35) miles of an authorized funeral director a casket of the retail value of \$15 provided both parents are insured under burial policies with the Company and that such policies are in full force and effect at the date of such birth or death.

(5) BENEFITS WHERE DEATH OCCURS MORE THAN THIRTY-FIVE MILES FROM AN AUTHORIZED FUNERAL DIRECTOR.

If the death of the Insured occurs more than thirty-five (35) miles from an authorized funeral director, the Company will, in lieu of the benefits set out in Paragraph No. (4) and upon receipt of due proof of the death of the insured, pay to its Home Office in Birmingham, Alabama, to the beneficiary named herein or to the person making arrangements or and becoming obligated to pay the burial expenses of the deceased insured, the sum of \$137.50 in cash if the Insured is over one year of age, and if the Insured is under the age of one year, the sum of \$68.75 in cash.

(6) **POLICY CONTROL**—If the Insured hereunder is a minor, during the minority of such Insured, the right to change the beneficiary and exercise all of the rights of ownership under this Policy shall be vested in the beneficiary named herein from time to time; or if such beneficiary dies before the Insured, then such rights shall be vested in the surviving parent of the Insured, or in the legal guardian of the Insured, or in any adult having the custody and control of said minor. After the Insured becomes of age, the entire ownership and control of this Policy shall be vested in the insured.

(7) **CHANGE OF BENEFICIARY**—The beneficiary under this Policy may be changed from time to time by the person entitled to exercise the Policy Control. Such change shall become operative only when this Policy, accompanied by such form of request as the Company may require, has been surrendered to the Company at its Home Office and the company has endorsed the change of beneficiary on this Policy.

(8) **PAYMENT OF PREMIUM**—All premiums are payable at the Home Office of the Company weekly in advance, but may be paid to an authorized representative of the Company, provided that such payment must be entered at the time in the premium receipt book belonging with this Policy. The failure of the collector to call for the premium on the Policy will not be an excuse for non-payment as the Insured will then be required to pay the premium at a Branch Office of the Company or remit the same to the Home Office.

(9) **ASSIGNMENT**—Neither this Policy, nor any benefit hereunder can be assigned.

(10) NON-FORFEITURE BENEFITS

Extended Insurance—In the event this Policy lapses after premiums have been paid for the respective periods shown in the table below this Policy shall be automatically continued in force as Extended Insurance for the number of months specified in said table and from the due date of the first premium in default.

Cash Surrender Value—After this Policy has been in force with premiums paid for the respective periods shown in the table below, the Insured may, by making written application and surrendering this Policy to the Company, obtain Cash Surrender Value. If the application therefor is made within thirteen weeks of the due date of the first premium in default, the amount of such Cash Surrender Value shall be as set out in the table below; otherwise the amount shall be the equivalent of the reserve on the Extended Insurance at the date application therefor is made. The Company may defer the payment of any Cash Surrender Value for the period permitted by law, but not to exceed thirteen weeks from the date application therefor is received by the Company.



TABLE OF NON-FORFEITURE BENEFITS

No. of Yrs. Premium Paid	5 YEARS		6 YEARS		7 YEARS		8 YEARS		9 YEARS		10 YEARS		11 YEARS		12 YEARS		13 YEARS		14 YEARS		15 YEARS	
	Extended Insurance Mon. A	Cash Value B	Extended Insurance Mon. A	Cash Value B	Extended Insurance Mon. A	Cash Value B	Extended Insurance Mon. A	Cash Value B	Extended Insurance Mon. A	Cash Value B	Extended Insurance Mon. A	Cash Value B	Extended Insurance Mon. A	Cash Value B	Extended Insurance Mon. A	Cash Value B	Extended Insurance Mon. A	Cash Value B	Extended Insurance Mon. A	Cash Value B	Extended Insurance Mon. A	Cash Value B
1	37	5	69	5	137	7	215	11	302	13	400	16	510	20	630	24	770	29	920	35	1080	42
2	80	5	84	5	114	9	161	11	216	13	251	16	300	19	357	21	421	25	497	30	584	37
3	59	5	91	7	132	9	179	12	224	14	272	17	320	19	374	22	435	25	516	29	594	37
4	71	6	112	8	150	10	192	12	244	14	294	17	348	20	402	23	465	26	543	31	624	39
5	86	6	124	9	166	10	210	13	262	14	314	18	364	21	416	23	462	26	530	30	614	39
6	94	6	136	9	176	11	225	13	273	16	324	18	378	21	428	24	473	27	541	30	624	39
7	102	7	140	9	187	11	237	14	284	16	332	19	387	21	438	25	481	27	548	31	634	39
8	106	7	147	9	190	12	240	14	290	17	339	19	391	22	440	26	482	28	550	31	634	39
9	109	7	162	10	194	12	244	14	294	17	344	20	394	23	444	26	484	28	554	31	634	39
10	111	7	162	10	194	12	244	14	294	17	344	20	394	23	444	26	484	28	554	31	634	39
11	113	7	166	10	199	12	244	15	294	17	347	20	397	23	448	26	488	28	558	31	634	39
12	113	7	167	10	199	12	244	15	294	17	347	20	397	23	448	26	488	28	558	31	634	39
13	117	8	168	10	194	13	232	15	271	18	314	21	355	21	394	27	425	30	472	31	544	39
14	118	8	164	10	189	13	228	15	269	18	309	21	349	21	386	27	420	30	464	31	534	39
15	116	8	149	11	185	13	222	16	263	19	302	22	342	25	381	28	418	31	456	32	524	39
16	112	8	145	11	181	13	219	16	259	19	299	22	336	25	377	28	414	32	452	31	524	39
17	108	8	141	11	176	14	215	16	254	19	293	22	330	26	373	29	409	32	448	31	514	39
18	105	9	138	11	174	14	211	17	250	20	288	22	326	26	368	29	404	32	443	31	504	39
19	103	9	135	11	171	14	208	17	247	20	283	23	319	26	363	30	404	31	441	31	504	39
20	100	9	133	12	169	15	204	17	243	21	279	24	313	27	346	31	389	31	437	31	504	39
21	98	9	131	12	167	15	203	18	239	21	274	23	308	27	341	31	384	31	432	31	504	39
22	96	9	130	12	165	15	201	18	236	21	270	23	306	27	339	31	382	31	430	31	504	39
23	94	9	129	12	163	15	199	18	232	22	266	25	297	26	337	30	379	30	424	31	504	39
24	92	10	128	13	162	16	196	19	230	22	266	26	297	29	336	32	376	32	421	31	504	39
25	90	10	127	13	160	16	194	19	226	23	257	26	288	30	315	34	344	38	418	37	504	39
26	94	10	126	13	159	16	191	20	221	23	251	27	280	31	303	35	337	39	409	39	504	39
27	91	10	125	13	157	17	188	20	220	23	247	27	275	31	301	35	335	39	407	39	504	39
28	88	11	124	14	155	17	185	21	215	24	242	28	268	32	296	36	321	40	395	40	504	39
29	85	11	123	14	153	18	184	21	211	24	238	28	264	32	292	37	311	41	390	40	504	39
30	83	11	122	14	151	18	182	22	207	25	232	29	257	32	282	40	308	42	388	41	504	39
31	81	11	121	15	149	18	179	22	203	26	228	30	251	33	275	43	301	43	383	41	504	39
32	79	12	119	15	147	19	177	23	199	27	222	31	245	35	268	45	293	45	372	42	504	39
33	77	12	118	15	145	20	175	23	194	27	217	31	239	36	262	46	285	45	363	42	504	39
34	75	12	117	16	143	20	173	24	191	28	212	32	233	37	256	47	277	46	354	42	504	39
35	73	12	115	16	140	20	169	24	185	28	204	33	227	37	248	47	270	47	347	42	504	39
36	71	13	113	17	138	21	167	25	181	29	201	34	221	38	240	47	262	48	339	43	504	39
37	69	13	112	17	134	21	162	26	176	30	195	34	214	39	233	48	255	49	331	43	504	39
38	67	13	109	17	131	22	158	26	170	30	190	35	208	40	227	48	248	49	324	43	504	39
39	65	14	106	18	128	22	154	27	165	31	185	36	191	41	220	49	240	49	316	43	504	39
40	64	14	104	18	124	23	143	27	161	32	176	37	184	42	212	49	232	50	307	43	504	39
41	62	14	101	19	121	23	139	28	156	32	172	38	183	43	205	49	224	50	299	43	504	39
42	81	14	98	19	117	23	135	28	151	32	167	38	182	44	198	50	217	51	291	43	504	39
43	79	15	96	20	113	24	130	29	145	33	160	39	176	45	191	50	210	50	282	43	504	39
44	74	16	92	20	109	24	125	30	140	35	154	40	169	46	184	51	202	51	275	43	504	39
45	71	16	90	20	105	25	120	30	134	36	147	41	162	47	177	52	194	52	267	43	504	39
46	69	16	86	21	102	26	116	31	129	36	142	42	156	48	170	53	186	53	259	43	504	39
47	68	16	83	21	97	26	110	32	124	37	137	43	149	48	164	54	179	54	251	43	504	39
48	66	17	79	22	93	27	106	32	117	38	131	43	143	49	157	55	172	55	243	43	504	39
49	62	17	76	22	89	27	102	33	113	38	122	43	137	49	149	56	165	56	235	43	504	39
50	59	17	73	23	86	28	97	33	108	39	119	45	131	51	142	57	157	57	227	43	504	39
51	57	18	69	23	81	28	92	34	103	40	114	46	124	52	134	58	149	58	219	43	504	39
52	54	18	67	23	77	29	89	34	99	40	110	46	119	53	130	59	146	59	211	43	504	39
53	51	18	63	24	74	29	84	34	93	41	103	47	112	53	122	60	141	60	203	43	504	39
54	49	19	59	24	69	29	79	36	88	42	97	48	104	54	115	61	129	61	195	43	504	39
55	46	19	57	24	66	30	75	37	83	42	92	48	100	54	110	62	122	62	187	43	504	39
56	44	19	53	25	62	31	70	37	78	43	86	49	95	56	104	64	116	70	183	43	504	39
57	41	19	50	25	59	31	66	37	74	43	81	50	89	54	98	63	103	71	174	43	504	39
58	39	20	47	26	55	31	62	37	69	43	76	50	84	53	92	63	101	72	166	43	504	39
59	36	20	44	26	51	32	57	38	65	44	71	51	80	56	86	65	97	73	157	43	504	39
60	34	20	41	26	47	32	54	38	60	45	67	51	73	56	81	66	91	73	150	43	504	39
61	32	20	39	26	45	32	50	37	57	45	62	51	68	56	78	66	85	74	144	43	504	39
62	30	20	36	26	41	34	47	39	52	45	58	52	61	59	70	66	79	74	137	43	504	39
63	28	21	33	27	39	34	44	39	49	46	54	52	59	59	65	67	74	74	130	43	504	39
64	26	21	31	27	36	33	41	37	46	45	50	53	56	58	63	67	71	74	123	43	504	39
65	24	21	29	27	33	33	38	35	43	44	46	46	48	55	60	67	68	74	116	43	504	39
66	23	21	27	27	31	33	35	33	41	44	44	44	44	52	57	64	67	71	109	43	504	39
67	21	21	25	27	29	33	31	30	36	44	40	40	40	48	53	60	64	68	102	43	504	39
68	20	22	23	27	27	31	29	27	32	43	38	38	38	46	51	58	62	66	95	43	504	39
69	18	22	21	27	25	29	27	25	29	40	34	34	34	42	47	54	58	62	88	43	504	39
70	16	22	20	27	24	28																

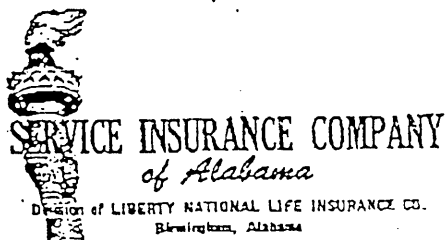
*Prerequisite must have been paid on this Policy for the number of years indicated in the first line of the foregoing table to obtain the benefits indicated. See paragraph

DEC-08 1999 WED 09:15 AM WATSON, FEEZ, & JIMMERSON FAX NO. 1 256 536 2669

P. 27

LIBERTY NATIONAL LIFE INSURANCE COMPANY BIRMINGHAM ALABAMA		PAID-UP POLICY CERTIFICATE	
NAME OF INSURED		DATE	DATE PAID TO
WILLIAM SCOTLAND		3/17/99	3/17/99
TYPE	POLICY NO.	DATE PAID TO	DATE PAID TO
1	1-1-1-1-1-1	3/17/99	3/17/99
THIS CERTIFICATE SHOULD BE ATTACHED TO THE POLICY IT DESCRIBES		THIS IS TO CERTIFY THAT THE POLICY DESCRIBED ABOVE IS NOW PAID-UP FOR LIFE AND NO MORE PREMIUMS WILL BE DUE.	
		NET OVERPAYMENT FOR WHICH A CHECK IS ENCLOSED 	
THIS CERTIFICATE SHOULD BE ATTACHED TO THE POLICY IT DESCRIBES		OVERPAYMENT CERTIFICATE 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000	
THIS CERTIFICATE SHOULD BE ATTACHED TO THE POLICY IT DESCRIBES		LIBERTY NATIONAL LIFE INSURANCE CO. <i>Joseph H. Hamble</i> SECRETARY	

G



FUNERAL POLICY

WEEKLY PREMIUMS PAYABLE FOR 12 YEARS

BENEFIT FOR ACCIDENTAL DEATH

NONPARTICIPATING INDUSTRIAL POLICY

SCHEDULE

NAME OF INSURED	BENEFICIARY			PREMIUM PAYABLE		TYPE
				WK		
WILLIAMS SPENCER	WILLIAMS FANNIE			712		330
14750553	11 24 69	21	023	\$300		15
POLICY NUMBER	MO. DAY YR. DATE OF ISSUE	AGE LAST BIRTHDAY AT DATE OF ISSUE	(CENTS) WEEKLY PREMIUM	RETAIL VALUE	DISTRICT	AGENCY

Each prior to age ten, the retail value is a reduced amount providing comparable benefits.

THIS CERTIFICATE SHOULD BE
ATTACHED TO THE POLICY
IT DESCRIBES

H

SCHEDULE							
POLICY NUMBER	NAME OF INSURED		BENEFICIARY	TYPE 590/890			
Month Day Year	AGE	PREMIUM	AMOUNT OF INSURANCE	Month Day Year	LAST PREMIUM PAYABLE	AGENCY	DISTRICT
Amount of insurance benefits shown on page one							

DE' '99 10:59AM WATSON FEES JIMMERSON P.8/19

F-6-35

AUTHORIZED UNDERTAKER

READ YOUR POLICY

PREMIUM PAYABLE FOR 11 YEARS

IRVINGHAM, ALA.

SERVICE of Alabama

BIRIAL POLICY

SCHEDULE **DUPLICATE**

NAME OF INSURED		BENEFICIARY			TYPE POLICY		
WILLIAMS NETA A		WILLIAMS FANNIE K			F		
2341930	4 5 68	9	\$.16	\$300.00	36	20	
POLICY NUMBER	MO. DAY YR. DATE OF ISSUE	AGE	(CENTS) WEEKLY PREMIUM	NETAL VALUE (ADULTS)	DEBT.	DEBT	

INSURED'S AGE NEXT BIRTHDAY

REGISTER OF CHANGE OF BENEFICIARY

NOTE—NO CHANGE, DESIGNATION OR DECLARATION, SHALL TAKE EFFECT UNTIL ENDORSED ON THIS POLICY BY THE COMPANY AT ITS HOME OFFICE.

DATE ENDORSED	BENEFICIARY	ENDORSED BY

Service Insurance Company of Alabama having discharged each and every obligation and liability set forth and stipulated herein, the undersigned beneficiary under this policy hereby surrenders the said policy and certifies that there is held against the said company no further claims hereunder.

WITNESS

BENEFICIARY

Dated at _____ this _____ day of _____, 19 _____

SERVICE INSURANCE COMPANY of Alabama

Will upon receipt of satisfactory proof of the death of the Insured and the surrender of this Policy provide, subject to the terms and conditions of this Policy, a funeral for the Insured of the retail value shown in the schedule.

CONSIDERATION—This Policy is issued in consideration of payment in advance of the weekly premium stated in the schedule on the fourth page of this Policy on or before each Monday in every year during the lifetime of the Insured until premiums shall have been paid for fifteen years, or until prior death of the Insured. Provided, however, that if the Insured is 55 years of age or over, the Premium Paying Period shall be as follows:

Age at Date of Issue.

Age 66 through age 70	Premiums Payable for 12 Years
Age 71 through age 75	Premiums Payable for 10 Years
Age 76 through age 80	Premiums Payable for 8 Years
Age 81 through age 85	Premiums Payable for 6 Years
Age 86 and over	Premiums Payable for 5 Years

The amount on which reserve is maintained and computed under this Policy is 40% of the retail value stated in this Policy or the average wholesale cost to the Company of the funeral supplies, benefits and services furnished if the same is greater than 40% of such retail value. Reserves shall be computed on the basis of the 1941 Standard Industrial Table of Mortality, Modified Preliminary Term, Illinois Standard, and interest at 3/4% per annum.

ALTERATION AND WAIVERS—This Policy contains the entire agreement between the Company and the Insured. Its terms cannot be changed or its conditions varied, except by a written agreement, signed by the President or Secretary of the Company. No other person shall have the power to make or alter contracts, waive forfeitures, or receive premiums on policies in arrears more than four weeks, or to receipt for the same, and all such arrears given to an agent or employee shall be at the risk of those who pay them and shall not be credited upon the Policy, whether receipted or not, except as set forth in the "Reinstatement" provision herein.

CONDITIONS AND PROVISIONS—This Policy is issued and accepted subject to all of the terms, conditions, provisions, schedules, registers and endorsements printed or written by the Company on this or the succeeding pages hereof, which are a part of this Policy as fully as if recited over the signatures hereto affixed.

PREMIUMS PAYABLE OTHER THAN WEEKLY—The premium stated in the schedule of this Policy is a Weekly Premium. However, if an Annual Premium (52 weeks) is paid in advance at one time, such Annual Premium shall be calculated by multiplying the stated Weekly Premium by 46.3. If a Semi-Annual Premium (26 weeks) is paid in advance at one time, such Semi-Annual Premium shall be calculated by multiplying the Weekly Premium stated by 24.7.

PREMIUM PAYING PERIOD—The premium paying period shall begin with the date of issue and continue until premiums shall have been paid for the period stated in the above paragraph headed "Consideration."

EFFECTIVE DATE—This Policy shall take effect on its date of issue, provided the Insured is then alive and in sound health, but not otherwise.

GRACE PERIOD—A grace period of four weeks shall be granted for the payment of every premium after the first during which time this Policy will remain in force subject to the terms hereof, but after the expiration of the said period of grace the Company's liability under this Policy shall cease except as to the Non-Forfeiture privileges herein contained.

REINSTATEMENT—If this Policy shall lapse for non-payment of premium, it may be reinstated upon written application of the Insured accompanied by this Policy within one year from the date to which premiums have been duly paid, upon payment of all arrears, provided evidence of insurability of the Insured, satisfactory to the Company, be furnished, and such reinstatement shall not be effective until the date on which approval thereof is endorsed by the Company on this Policy and unless the Insured is then alive and in sound health.

IN WITNESS WHEREOF, The Company has caused this Policy to be executed by its President and Secretary at its Home Office in Birmingham, Alabama, as of the date of issue appearing in the schedule on page four hereof.



J. L. Burleson
SECRETARY

J. L. Burleson
PRESIDENT

BURIAL POLICY.
PREMIUMS PAYABLE 15 YEARS.

J '99 11:01AM WATSON FEES JIMMERSON

P.18/19

WHEREVER IN THIS POLICY THE WORDS "RETAIL VALUE" ARE USED REFERENCE IS THEREBY MADE TO THE RETAIL PRICES OF THE COMPANY'S AUTHORIZED FUNERAL DIRECTORS.

(1) The Company has contracted with and thereby appointed as an authorized funeral director the funeral director designated in this Policy and the Insured by the acceptance of this Policy confirms such appointment. Wherever the phrase "authorized funeral director" is used, it means a funeral director then under contract with this Company to furnish the merchandise and service at the time of the Insured's death.

(2) The provisions of this Policy relating to the providing of funeral merchandise and the rendering of funeral services are to be fulfilled by the Company through an authorized funeral director only and are not to be construed as implying that such funeral merchandise and funeral service will be furnished by anyone except an authorized funeral director.

(3) The authorized funeral director has contracted to keep on display at all times the funeral merchandise stipulated in and provided by this Policy and the selection of same may be made by the Insured hereunder, the beneficiary or by any other person having the authority.

(4) BENEFITS WHERE DEATH OCCURS WITHIN THIRTY-FIVE MILES OF AN AUTHORIZED FUNERAL DIRECTOR

If death occurs within thirty-five miles of an authorized funeral director the Company will through the facilities and in the manner referred to above, provide a funeral for the Insured of the retail value stipulated hereto consisting of a casket, merchandise, and services as follows:

- (A) If the Insured is twelve years of age or older at death, a funeral of the retail value of \$300, and if the Insured is under the age of twelve years at death, a funeral of the retail value proportionate to the age of the deceased Insured;
- (B) A place where funeral, memorial, or other services may be held and such assistance as is proper in conducting the funeral; such services to be conducted either at the church, funeral parlor, home of the deceased, or other place designated by the beneficiary or other person having the authority;
- (C) Embalming of body, suit or dress, use of one family car, and hearse service for the body to the cemetery, if desired, provided burial is within thirty-five (35) miles of place of death, or, if burial is not desired within the said thirty-five (35) miles the Company will convey the body to the depot and pay actual railway transportation thereon to any point within the United States;
- (D) In the event the body is shipped to a point served by an authorized funeral director the Company will through such authorized funeral director furnish hearse service for a distance not to exceed thirty-five (35) miles from such point.

If the services of the authorized funeral director are not used, then the sole liability of the Company is limited to the furnishing through its authorized funeral director of the casket stipulated above in this Paragraph No. (4).

The Company will through the facilities and in the manner referred to above provide for a stillborn child, or a child under the age of four weeks, who dies within thirty-five (35) miles of an authorized funeral director a casket of the retail value of \$15 provided both parents are insured under burial policies with the Company and that such policies are in full force and effect at the date of such birth or death.

(5) BENEFITS WHERE DEATH OCCURS MORE THAN THIRTY-FIVE MILES FROM AN AUTHORIZED FUNERAL DIRECTOR

If the death of the Insured occurs more than thirty-five (35) miles from an authorized funeral director, the Company will, in lieu of the benefits set out in Paragraph No. (4) and upon receipt of due proof of the death of the Insured, pay at its Home Office in Birmingham, Alabama, to the beneficiary named herein or to the person making arrangements for and becoming obligated to pay the burial expenses of the deceased Insured, the sum of \$137.50 in cash if the Insured is over one year of age, and if the Insured is under the age of one year, the sum of \$68.75 in cash.

(6) **POLICY CONTROL**—If the Insured hereunder is a minor, during the minority of such Insured, the right to change the beneficiary and exercise all of the rights of ownership under this Policy shall be vested in the beneficiary named herein from time to time; or if such beneficiary dies before the Insured, then such rights shall be vested in the surviving parent of the Insured, or in the legal guardian of the Insured, or in any adult having the custody and control of said minor. After the Insured becomes of age, the entire ownership and control of this Policy shall be vested in the Insured.

(7) **CHANGE OF BENEFICIARY**—The beneficiary under this Policy may be changed from time to time by the person entitled to exercise the Policy Control. Such change shall become operative only when this Policy, accompanied by such form of request as the Company may require, has been surrendered to the Company at its Home Office and the Company has endorsed the change of beneficiary on this Policy.

(8) **PAYMENT OF PREMIUM**—All premiums are payable at the Home Office of the Company weekly in advance, but may be paid to an authorized representative of the Company, provided that such payment must be entered at the time in the premium receipt book belonging with this Policy. The failure of the collector to call for the premium on the Policy will not be an excuse for non-payment as the Insured will then be required to pay the premium at a Branch Office of the Company or remit the same to the Home Office.

(9) **ASSIGNMENT**—Neither this Policy, nor any benefit hereunder can be assigned.

(10) NON-FORFEITURE BENEFITS

Extended Insurance—In the event this Policy lapses after premiums have been paid for the respective periods shown in the table below this Policy shall be automatically continued in force as Extended Insurance for the number of months specified in such table and from the due date of the first premium in default.

Cash Surrender Value—After this Policy has been in force with premiums paid for the respective periods shown in the table below, the Insured may, by making written application and surrendering this Policy to the Company, obtain a Cash Surrender Value. If the application therefor is made within thirteen weeks of the due date of the first premium in default, the amount of such Cash Surrender Value shall be as set out in the table below; otherwise the amount shall be the equivalent of the reserve on the Extended Insurance at the date application therefor is made. The Company may defer the payment of any Cash Surrender Value for the period permitted by law, but not to exceed thirteen weeks from the date application therefor is received by the Company.

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TABLE OF NON-FORFEITURE BENEFITS

Age at Issue	1 YEAR		5 YEARS		10 YEARS		15 YEARS		20 YEARS		25 YEARS		30 YEARS		35 YEARS		40 YEARS		45 YEARS		50 YEARS		Age at Term		
	Extended Insurance		Cash Value		Extended Insurance		Cash Value		Extended Insurance		Cash Value		Extended Insurance		Cash Value		Extended Insurance		Cash Value		Extended Insurance			Cash Value	
	Mon.	Pr.	Mon.	Pr.	Mon.	Pr.	Mon.	Pr.	Mon.	Pr.	Mon.	Pr.	Mon.	Pr.	Mon.	Pr.	Mon.	Pr.	Mon.	Pr.	Mon.	Pr.			
1	27	8	8	9	8	9	8	9	8	9	8	9	8	9	8	9	8	9	8	9	8	9	27		
2	50	8	8	9	8	9	8	9	8	9	8	9	8	9	8	9	8	9	8	9	8	9	50		
3	59	8	8	9	8	9	8	9	8	9	8	9	8	9	8	9	8	9	8	9	8	9	59		
4	74	8	8	9	8	9	8	9	8	9	8	9	8	9	8	9	8	9	8	9	8	9	74		
5	86	8	8	9	8	9	8	9	8	9	8	9	8	9	8	9	8	9	8	9	8	9	86		
6	84	8	8	9	8	9	8	9	8	9	8	9	8	9	8	9	8	9	8	9	8	9	84		
7	102	8	8	9	8	9	8	9	8	9	8	9	8	9	8	9	8	9	8	9	8	9	102		
8	108	8	8	9	8	9	8	9	8	9	8	9	8	9	8	9	8	9	8	9	8	9	108		
9	109	8	8	9	8	9	8	9	8	9	8	9	8	9	8	9	8	9	8	9	8	9	109		
10	111	8	8	9	8	9	8	9	8	9	8	9	8	9	8	9	8	9	8	9	8	9	111		
11	118	7	7	152	10	155	12	244	15	254	17	327	22	374	26	374	32	408	36	444	42	492	118		
12	112	8	8	147	10	153	12	238	15	247	17	319	22	364	26	364	32	401	36	477	42	543	112		
13	117	7	7	144	10	150	12	235	15	244	17	316	22	361	26	361	32	398	36	474	42	540	117		
14	116	8	8	143	11	144	13	233	14	242	16	314	21	359	25	359	31	395	35	471	41	537	116		
15	121	7	7	152	10	155	12	244	15	254	17	327	22	374	26	374	32	408	36	444	42	492	121		
16	125	8	8	156	11	161	13	250	16	260	18	333	23	381	27	381	33	414	37	450	43	507	125		
17	125	8	8	156	11	161	13	250	16	260	18	333	23	381	27	381	33	414	37	450	43	507	125		
18	133	9	9	163	12	168	14	264	17	274	19	347	24	394	28	394	34	421	38	457	44	514	133		
19	133	9	9	163	12	168	14	264	17	274	19	347	24	394	28	394	34	421	38	457	44	514	133		
20	133	9	9	163	12	168	14	264	17	274	19	347	24	394	28	394	34	421	38	457	44	514	133		
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22	133	9	9	163	12	168	14	264	17	274	19	347	24	394	28	394	34	421	38	457	44	514	133		
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24	133	9	9	163	12	168	14	264	17	274	19	347	24	394	28	394	34	421	38	457	44	514	133		
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26	133	9	9	163	12	168	14	264	17	274	19	347	24	394	28	394	34	421	38	457	44	514	133		
27	133	9	9	163	12	168	14	264	17	274	19	347	24	394	28	394	34	421	38	457	44	514	133		
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29	133	9	9	163	12	168	14	264	17	274	19	347	24	394	28	394	34	421	38	457	44	514	133		
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31	133	9	9	163	12	168	14	264	17	274	19	347	24	394	28	394	34	421	38	457	44	514	133		
32	133	9	9	163	12	168	14	264	17	274	19	347	24	394	28	394	34	421	38	457	44	514	133		
33	133	9	9	163	12	168	14	264	17	274	19	347	24	394	28	394	34	421	38	457	44	514	133		
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37	133	9	9	163	12	168	14	264	17	274	19	347	24	394	28	394	34	421	38	457	44	514	133		
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48	133	9	9	163	12	168	14	264	17	274	19	347	24	394	28	394	34	421	38	457	44	514	133		
49	133	9	9	163	12	168	14	264	17	274	19	347	24	394	28	394	34	421	38	457	44	514	133		
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52	133	9	9	163	12	168	14	264	17	274	19	347	24	394	28	394	34	421	38	457	44	514	133		
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54	133	9	9	163	12	168	14	264	17	274	19	347	24	394	28	394	34	421	38	457	44	514	133		
55	133	9	9	163	12	168	14	264	17	274	19	347	24	394	28	394	34	421	38	457	44	514	133		
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63	133	9	9	163	12	168	14	264	17	274	19	347	24	394	28	394	34	421	38	457	44	514	133		
64	133	9	9	163	12	168	14	264	17	274	19	347	24	394	28	394	34	421	38	457	44	514	133		
65	133	9	9	163	12	168	14	264	17	274	19	347	24	394	28	394	34	421	38	457	44	514	133		
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67	133	9	9	163	12	168	14	264	17	274	19	347	24	394	28	394	34	421	38	457	44	514	133		
68	133	9	9	163	12	168	14	264	17	274	19	347													

THE UNIVERSITY OF CHICAGO

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P. 12/19.

LIBERTY NATIONAL LIFE INSURANCE COMPANY
BIRMINGHAM, ALABAMA

PAID-UP POLICY CERTIFICATE

DATE 11/23/81

NAME OF INSURED	TYPE	POLICY NO.	ISSUE DATE			EXPIRY	AMOUNT	AGE AT ISSUE	PREMIUM	DATE PAID TO			PAYOFF DATE		
			MO.	DAY	YR.					MO.	DAY	YR.	MO.	DAY	YR.
WILLIAMS NETA A	330	14708585	11	24	69	36	26	13	10	11	9	01	11	9	01

NET OVERPAYMENT FOR WHICH A CHECK IS ENCLOSED

OVERPAYMENT OF PREMIUM

THIS IS TO CERTIFY THAT THE POLICY DESCRIBED ABOVE IS NOW PAID-UP FOR LIFE AND NO MORE PREMIUMS WILL BE DUE.

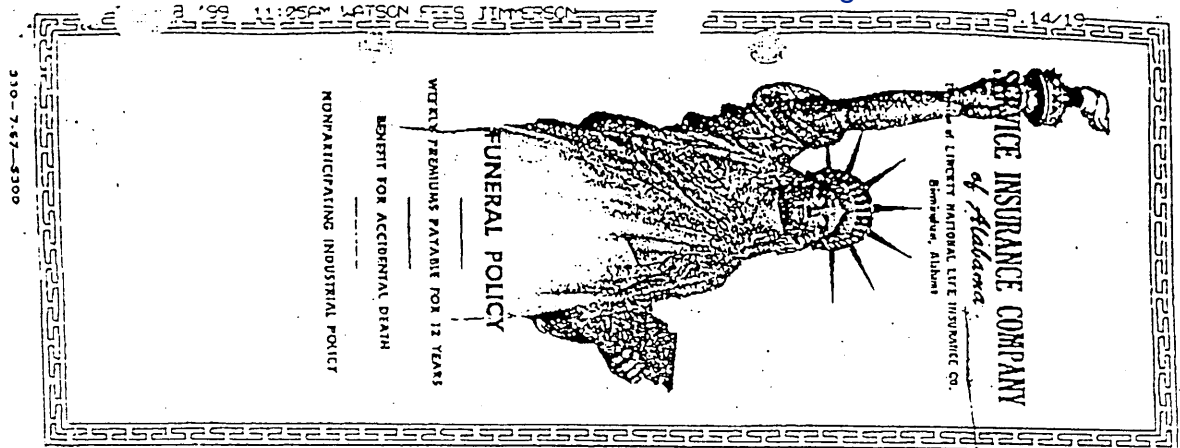
LIBERTY NATIONAL LIFE INSURANCE CO.

Frederick A. Gauld
SECRETARY

THIS CERTIFICATE SHOULD BE ATTACHED TO THE POLICY IT DESCRIBES. *SEE REVERSE SIDE.*

MOJ ED 10 67

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SCHEDULE

NAME OF INSURED		BENEFICIARY				PREMIUMS PAYABLE	TYPE
WILLIAMS NETA A		WILLIAMS FANNIE				WK	330
14758555	11 24 69	13	018		\$300	712	15
POLICY NUMBER	MO. DAY YR. DATE OF ISSUE	AGE LAST BIRTHDAY AT DATE OF ISSUE	(CENTS) WEEKLY PREMIUM	RETAIL VALUE*	DISTRICT	AGENCY	

*For death prior to age ten, the retail value is a reduced amount providing comparable benefits.

REGISTER OF CHANGE OF BENEFICIARY

NOTE—NO CHANGE, DESIGNATION OR DECLARATION, SHALL TAKE EFFECT UNTIL ENDORSED ON THIS POLICY BY THE COMPANY AT ITS HOME OFFICE.

DATE ENDORSED	BENEFICIARY	ENDORSED BY

Service Insurance Company of Alabama, Division of Liberty National Life Insurance Company, having discharged each and every obligation and liability set forth and stipulated herein, the undersigned beneficiary under this policy hereby surrenders the said policy and certifies that there is held against the said company no further claims hereunder.

WITNESS

BENEFICIARY

Dated at _____ this _____ day of _____, 19____.

SERVICE INSURANCE COMPANY

of Alabama

DIVISION OF LIBERTY NATIONAL LIFE INSURANCE COMPANY

INSURANCE AGREEMENT—Subject to the terms and conditions of this policy we insure your life for the purpose of providing at your death the funeral benefit described below. This insurance is effective on the date of issue shown in the schedule on Page 4 if you are in good health on that date and if premiums are paid as provided under "Premiums".

AUTHORIZED FUNERAL DIRECTOR—We have authorized various funeral directors throughout Alabama to furnish the funeral benefit provided by this policy, and such benefit is to be furnished only by an authorized funeral director. As used in this policy "Authorized Funeral Director" means a funeral director authorized by us at the time of your death. "Retail Value", as used in this policy, refers to the retail prices charged by authorized funeral directors. We will furnish you upon request the names and addresses of all authorized funeral directors.

FUNERAL BENEFIT—If your death occurs within the State of Alabama and within 35 miles of an authorized funeral director, we will provide for you, through an authorized funeral director, a funeral of the retail value of \$300 (or in the event your death occurs prior to your tenth birthday, a funeral of a reduced retail value providing comparable benefits). The funeral shall include the following:

- Casket and suit or dress.
- Transportation of remains to funeral home (not to exceed 35 miles).
- Embalming and preparation of remains.
- Use of funeral parlor.
- A place where the funeral service may be held.
- Assistance in conducting the funeral service.
- Use of funeral coach for transportation of remains to church, home, cemetery, railway station, or other point within 35 miles of funeral home.
- Railway transportation of remains to any point within the continental United States (not including Alaska or Hawaii).
- In the event remains are shipped to a point served by an authorized funeral director, funeral coach service by such funeral director for a distance not to exceed 35 miles from such point.

Neither we nor any authorized funeral director shall be liable for any expense in connection with merchandise or service furnished by anyone other than an authorized funeral director. If the services of an authorized funeral director are not used, our sole liability under this provision shall be to furnish the casket called for in this provision.

If at your death you are insured by the company under another burial policy providing for a funeral of the retail value of \$250 or \$300, we will in lieu of furnishing the funeral benefit specified in this policy and the other policy, furnish for you a funeral of the retail value of \$600 including a metal casket.

BENEFIT WHERE FUNERAL BENEFIT NOT AVAILABLE—If your death occurs outside the State of Alabama or more than 35 miles from an authorized funeral director, we will pay a cash benefit of \$150 (\$75 if your death occurs before your first birthday) in lieu of the funeral benefit.

In such case payment may be made to the beneficiary, or to your executor or administrator, or to any relative of yours by blood or legal adoption or connection by marriage, or to any person appearing to us to be equitably entitled to payment by reason of having incurred expense for your maintenance, medical attention, or burial.

PREMIUMS—The consideration for this policy is the payment of the premiums when they are due, and no insurance will become effective until the first premium has been paid. The amount of the weekly premium is shown in the schedule on Page 4. This premium is due each Monday beginning with the date of issue and continuing for a period of twelve years. Premiums must be paid to one of our agents or to the cashier at one of our offices. If our agent does not call for any premium when it is due, payment of the premium is not excused, and in such case it is your responsibility to see that payment is made at one of our offices.

GRACE PERIOD—If any premium is not paid within 4 weeks of the date when it is due, this policy will lapse and cease to be in force except as provided under "Extended Insurance".

FUNERAL POLICY

Weekly Premiums Payable for 12 Years

Benefit for Accidental Death

NONPARTICIPATING INDUSTRIAL POLICY

ACCIDENTAL DEATH BENEFIT—Upon receipt at our Home Office of due proof that your death, prior to your 65th birthday, resulted from bodily injuries effected solely through external and accidental means and independently of all other causes and within 90 days from the date of such injuries while this policy was in full force and effect, we will, subject to the exclusions below, pay to your beneficiary an additional death benefit of \$100 (or an additional death benefit of \$50 in the event your accidental death occurs prior to your first birthday).

Exceptions—No benefit for accidental death will be payable: (1) if death occurs while this policy is being continued in force as extended insurance; (2) if the injury or death is caused or contributed to by (a) self-destruction, whether sane or insane, (b) any disease, illness, or infirmity, (c) medical or surgical treatment, (d) participation in an assault or felony, (e) operating or riding in or descending from any kind of aircraft of which you were the pilot, officer, or member of the crew, or in which you were giving or receiving training or instruction or had any duties, or (f) war or act of war (including insurrection, undeclared war, and armed aggression or its resistance), whether or not you are in military service of any country or international organization.

LOSS OF EYESIGHT OR LIMBS—Upon receipt at our Home Office of due proof of the loss of your eyesight or the loss of two or more of your limbs, prior to your 65th birthday, we will endorse this policy to waive all future premiums as they become due. Loss of eyesight means the total and permanent loss of sight of both eyes. Loss of a limb means the loss of a hand or foot by severance. The insurance against loss of eyesight or limbs is subject to the following conditions and exceptions:

Conditions—(a) The loss must be caused solely by disease contracted or injuries sustained after the date of issue, and (b) due proof of the loss must be presented to us within two years from the date of the loss.

Exceptions—No insurance is provided against any loss of eyesight or limb which occurs while this policy is being continued in force as extended insurance or which results from (a) intentionally inflicted injury, whether sane or insane, or (b) war or act of war (including insurrection, undeclared war, and armed aggression or its resistance), whether or not you are in military service of any country or international organization.

RESERVE BASIS—The basis of reserves for this policy is the Commissioners 1961 Standard Industrial Mortality Table, Commissioners Reserve Valuation Method, with interest at 3½% per year. The amount on which the reserve is maintained and computed under this policy is 50% of the retail value stated in this policy or the average wholesale cost to the Company of the funeral supplies, benefits and services furnished if the same is greater than 50% of such retail value.

NONFORFEITURE BENEFITS—The two following paragraphs provide for extended insurance and cash values after premiums have been paid for the periods shown. These benefits are computed by the Standard Nonforfeiture Value Method using the Commissioners 1961 Standard Industrial Mortality Table with interest at 3½% per year, except that extended term benefits are calculated on the Commissioners 1961 Industrial Extended Term Table with interest at 3½% per year. The benefits shown are those available after premiums have been paid for the exact periods shown if there is no indebtedness against this policy. The actual calculation of any benefit will take into account the payment of premiums for a portion of a year beyond the exact number of years shown. Benefits for years after those shown will be furnished upon request.

EXTENDED INSURANCE—If this policy should lapse after premiums have been paid for the period of time shown, and has not been surrendered for its Cash Value, the insurance on your life will be continued without further premium payments for the number of years and months shown in the table below. The extended insurance will begin on the date the first unpaid premium was due.

TERMS OF EXTENDED INSURANCE FOR EACH AGE AT ISSUE

Age Last Birthday at Date of Issue	PREMIUMS PAID FOR												Age Last Birthday at Date of Issue
	1 YEAR	2 YEARS	3 YEARS	4 YEARS	5 YEARS	6 YEARS	7 YEARS	8 YEARS	9 YEARS	10 YEARS	11 YEARS	12 YEARS	
0	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	0
1	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1
2	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	2
3	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	3
4	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	4
5	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	5
6	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	6
7	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	7
8	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	8
9	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	9
10	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	10
11	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	11
12	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	12
13	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	13
14	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	14
15	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	15
16	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	16
17	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	17
18	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	18
19	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	19
20	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	20
21	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	21
22	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	22
23	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	23
24	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	24
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64	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	64
65	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	65

CASH VALUE—After premiums have been paid for three years this policy will have a cash value. You may receive this value by making written application for it and surrendering this policy to us for cancellation. If this is done while no premium is more than 13 weeks past due, the cash value will be the amount shown in the table below. Otherwise it will be the net single premium for the remaining unexpired extended insurance. We reserve the right to defer payment of the cash value for a period of six months.

CASH VALUES FOR EACH AGE AT ISSUE

Age Last Birthday at Date of Issue	PREMIUMS PAID FOR												Age Last Birthday at Date of Issue
	1 YEARS	4 YEARS	5 YEARS	6 YEARS	7 YEARS	8 YEARS	9 YEARS	10 YEARS	11 YEARS	12 YEARS	13 YEARS	14 YEARS	
0	1	4	5	6	7	8	9	10	11	12	13	14	0
1	1	4	5	6	7	8	9	10	11	12	13	14	1
2	1	4	5	6	7	8	9	10	11	12	13	14	2
3	1	4	5	6	7	8	9	10	11	12	13	14	3
4	1	4	5	6	7	8	9	10	11	12	13	14	4
5	1	4	5	6	7	8	9	10	11	12	13	14	5
6	1	4	5	6	7	8	9	10	11	12	13	14	6
7	1	4	5	6	7	8	9	10	11	12	13	14	7
8	1	4	5	6	7	8	9	10	11	12	13	14	8
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12	1	4	5	6	7	8	9	10	11	12	13	14	12
13	1	4	5	6	7	8	9	10	11	12	13	14	13
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64	1	4	5	6	7	8	9	10	11	12	13	14	64
65	1	4	5	6	7	8	9	10	11	12	13	14	65

BENEFICIARY—The beneficiary of this policy is named in the schedule on Page 4. The beneficiary may be changed at any time by giving us written notice of the desired change and evidence satisfactory to us that the proposed beneficiary has an insurable interest in your life. No change will be effective until we have endorsed it on this policy.

REINSTATEMENT—If this policy should lapse, you may reinstate it at any time within three years provided you have not surrendered it for its cash value. In order to do this you must pay all past due premiums and furnish evidence satisfactory to us that you are insurable. If this policy should be reinstated after having lapsed, no benefit will be payable for any loss which occurred while the policy was not in force.

WAR OR NATIONAL EMERGENCY—If during time of war or other national emergency, the United States Government restricts or allocates the use of steel and it consequently becomes impracticable for the Company to furnish the metal casket provided by combining this policy with another policy providing for a funeral of the retail value of \$250 or \$300, the Company will furnish, in lieu thereof, such other casket of comparable retail value as the beneficiary or other person having proper authority may select from the stock of an authorized funeral director of the Company.

ASSIGNMENT—You may not assign this policy or any of its benefits.

POLICY CONTROL—If you are over 18 years of age, you have the entire ownership and control of this policy. If you are under 18 years of age, the entire ownership and control of this policy shall be vested in the beneficiary named herein from time to time until you reach your 18th birthday. If the beneficiary having ownership and control of this policy should die before you, then the ownership and control of the policy, if you are under 18 years of age, shall be vested in your surviving parent or your legal guardian or in any adult person having custody and control of you as may be reasonably determined by us. Ownership and control of this policy includes the right to change the beneficiary and to exercise all other privileges provided in this policy.

MEANING OF PRONOUNS—Unless clearly contrary to the context, wherever used in this policy, the words "We," "Our" or "Company" shall mean Service Insurance Company of Alabama, Division of Liberty National Life Insurance Company; and "You" or "Your" shall mean the Insured named in the schedule on Page 4.

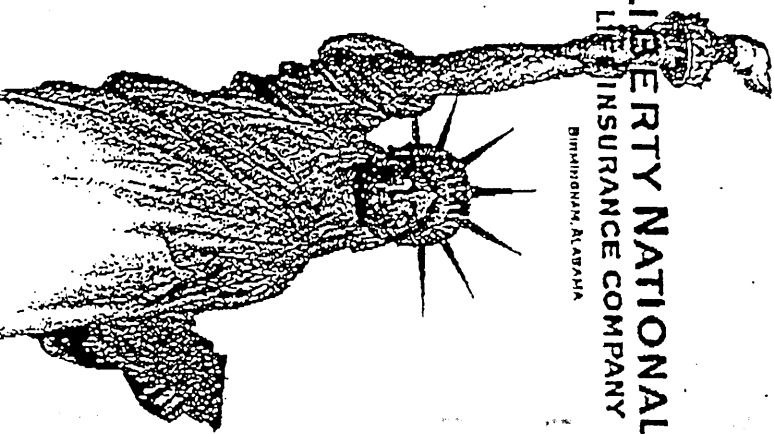
ENTIRE CONTRACT—This policy is the entire contract between us. None of its provisions may be waived or changed except by written endorsement on this policy signed by the President, a Vice-President, an Assistant Vice-President, the Secretary, or an Assistant Secretary of the Company.

Signed at Birmingham, Alabama, by the President and Secretary of Service Insurance Company of Alabama, Division of Liberty National Life Insurance Company, as of the date of issue shown in the schedule on Page 4.

J. L. Burleson
SECRETARY

[Signature]
PRESIDENT

K



LIBERTY NATIONAL
LIFE INSURANCE COMPANY

ACCIDENT POLICY

BENEFIT FOR DEATH BY ACCIDENTAL MEANS

**BENEFIT FOR DEATH BY AUTOMOBILE
ACCIDENT**

BENEFIT FOR DEATH BY TRAVEL ACCIDENT

**PREMIUMS PAYABLE UNTIL POLICY
ANNIVERSARY IMMEDIATELY PRECEDING
INSURED'S 70TH BIRTHDAY**

**THIS POLICY IS NONCANCELLABLE AND
GUARANTEED RENEWABLE UNTIL THE
POLICY ANNIVERSARY IMMEDIATELY
PRECEDING INSURED'S 70TH
BIRTHDAY**

NONPARTICIPATING INDUSTRIAL POLICY

A-57

POLICY NUMBER	NAME OF INSURED		CREDITED	390-850
10-22-27	WILLIAM J. HARRIS		ALICE M. HARRIS	33-34
10-22-27				
Month Day Year	AGE	PREMIUM	SERIAL NO.	LAST PREMIUM PAYABLE
DATE OF ISSUE				
AMOUNT OF Insurance benefit shown on page one				

IN THE UNITED STATES DISTRICT COURT
IN AND FOR THE NORTHERN DISTRICT OF ALABAMA
SOUTHERN DIVISION

ELLEN GAYLE MOORE, FANNIE)
McCONNELL, SPENCER WILLIAMS,)
and ANITA BOWERS, on Behalf of)
themselves and all Others Similarly)
Situating,)

Plaintiff,)

vs.)

LIBERTY NATIONAL INSURANCE)
COMPANY,)

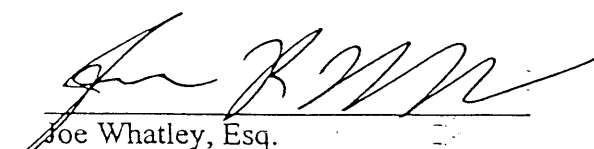
Defendant.)

Civ.No.:

CLASS ACTION

**REQUEST FOR SERVICE BY
CERTIFIED MAIL**

Please serve the defendants Liberty National Insurance Company, by certified mail pursuant to Alabama Rules of Civil Procedure 4.1 and Federal Rules of Civil Procedure 4(c)(2)(C)(i).


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